

Foster Family Home - Corrective Action Report

Provider ID: 1-160070

Home Name: Marissa Ruiz, CNA

Review ID: 1-160070-8

94-1487 Kahualoa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/22/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due on 2/22/2021.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- CG#3's TB Clearance expired on 12/18/2020; no current renewal present in CCFFH binder.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6)Fire- CG#2 and CG#3 were without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

47.(d)(2) Reflected in the client's service plan; and

47.(d)(3) Based on an assessment that includes the consideration of less restrictive restraint alternatives

Comment:

47.(c)- No list of medications side effects present in Client #1's chart/binder.

47.(d), (d)(1), (d)(2), (d)(3)- Client #2's was noted to be in his bed

There was no MD order present in client's chart.

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Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- Client #1 and Client# 3's windows were missing a screen covering and Client #2's window was noted to have a gap around one of the windows; another window is missing a screen covering. Insects/bugs/mosquitoes can come inside clients' bedrooms and possibly bit the clients.

Foster Family Home

Records

[11-800-54]

54.(c)(1) Client's vital information;

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(1)- Client #1's Facesheet was not updated to reflect client's status of Medicaid; Facesheet in client's chart stated Private Pay.

54.(c)(5)- Client #3's Medication Administration Record (MAR) contained no signatures of CG#1 from January 1, 2021- January 22, 2021.

Mariabel Tukaine, RN 1/22/2021
Compliance Manager Date
Marianna Ruy 1/22/21
Primary Care Giver Date